

State of Vermont, Agency of Human Services Department of Corrections	Title: Suicide Prevention & Intervention in Facilities	Page 1 of 20
Chapter: Health Care Services	#362	Supersedes: <i>Suicide Prevention Protocol #361.01.03, date 08/20/1997; Potential Suicides Policy #362, date 04/08/1982</i>
Attachments, Forms & Companion Documents: 1. Initial Needs Survey (INS) 2. Intake Medical Screening Form 3. Authorization for Special Observation 4. Special Observation Monitoring Sheet 5. Health Services Transfer Form		
Local Procedure Needed: No		
Applicability: All facility and field staff, volunteers and contractors		
Security Level: "B" Anyone may have a copy of this document.		
This document has been formatted for online posting. It was signed by Commissioner Hofmann October 25, 2005, effective November 9, 2005		

PURPOSE

The purpose of this administrative directive is to describe the methods and practices for the identification of and response to inmates who are at risk for suicide in the facilities. It addresses identification, referral, evaluation, housing, monitoring, communication, intervention, notification, reporting, review and critical incident debriefing, and training.

POLICY

It is the policy of the Department of Corrections to address the health and safety of inmates at risk for self harm, to standardize suicide prevention procedures, and to apply them consistently in all facilities.

AUTHORITY & REFERENCE

28 V.S.A. §101(1), 28 V.S.A. § 801. NCCHC Standard P-G-05 Suicide Prevention Program. American Correctional Association Standards, 4th Edition, January 2003, Standards 4-4084, 4-4373.

PROCEDURAL GUIDELINES

1. Booking and Admission

- a. Correctional officers involved in the booking process will solicit any relevant information from law enforcement and corrections field personnel which might suggest an admitting inmate's suicidal ideation or risk, and document these comments in the *Initial Needs Survey (INS-Attachment 1.)* This includes comments or statements made by the inmate prior to his/her arrival at the institution.

- When the Probation and Parole Officer has been informed that someone currently under probation or parole supervision or the subject of a pre-sentence investigation has been incarcerated, the PO will relay to the facility Shift Supervisor any warning signs. This includes anything noted in the pre-sentence investigation, or relevant past behavior noted through observation, past involvement with the offender, or community contacts.
- b. DOC staff will administer and sign the *Initial Needs Survey* for all inmates entering DOC facilities at the time of their arrival.
 - Staff should not rely exclusively on an inmate's denial that they are suicidal and/or have a history of mental illness and suicidal behavior.
 - Previous confinement in the facility must be recorded.
 - Any behaviors or actions that are worrisome must be recorded and health services staff notified.
- c. Upon completion of the *INS* forms (parts 1 and 2) and/or the intake process, the Booking Officer will notify a qualified health care professional of every admission.
- d. The Booking Officer will complete the intake screening process, including the *INS* forms, on all inmates prior to housing assignment, **except** under the following circumstances:
 - 1) The inmate refuses to comply with the process;
 - 2) The inmate is severely intoxicated or otherwise incapacitated;
 - 3) The inmate is violent or otherwise belligerent.
 - For inmates listed in d., 1-3 above, the Booking Officer will complete all non-questionnaire sections of the inmate's intake screening forms and make a note on the forms why the inmate was unable to answer the questionnaire section.
 - The Shift Supervisor will then make the appropriate disposition. A continuing effort to complete the intake screening form must be made and documented at least every two (2) hours until the inmate has been screened successfully.
- e. If the inmate is being received from another DOC facility, the sending facility will be required to complete a *Health Services Transfer Form (Attachment 5)* which documents any medical, mental health and suicide risk needs of the inmate.
 - The qualified health care professional will review the *Health Services Transfer Form* for accuracy and completeness, and the qualified health care professional of both the sending and receiving facilities will sign the form.
- f. The qualified health care professional will determine (either through the DOC information management system or manual check) whether the inmate was a medical, mental health or suicide risk during any prior contact and/or confinement within DOC custody. They will enter that into the *Intake Medical Screening Form (Attachment 2.)*
 - The Nurse Manager will review and sign all *Intake Medical Screening Forms* for accuracy and completeness on or before the next business day.

g. The qualified health care professional will make a reasonable effort to obtain records of previous health and/or mental health treatment both within the DOC and in the community, including prior psychiatric hospitalizations and treatment in the community. The QHCP will

Suicide Prevention #362

Page 3 of 20

Effective November 9, 2005

ask the inmate to identify prior providers and treatment sites and to sign authorizations for release of those records to DOC facility providers.

h. A qualified health care professional will assess and document the degree of suicide risk on each new admission. For all inmates who scored an eight (8) or above and/or answered affirmatively on any asterisked item on the *INS*, the QHCP will place them on suicide precautions and develop an immediate individual safety plan. This plan will include, but not be limited to:

- Level of observation and/or restraints to include;
 - Routine Observation: Indicated for inmates who acknowledge some degree of suicidal ideation, but deny any intent or plan. They are deemed unlikely to self-injure. Inmates under routine observation may remain in general population and are subject to checks and documentation per usual head count procedures.
 - Close Observation: Reserved for inmates who are not actively suicidal but express suicidal ideation, and/or have recent prior history of self-destructive behavior. At this level of observation, staff will observe an inmate at staggered intervals not to exceed every 15 minutes and document the inmate's behavior and general condition when the observation occurs.
 - Constant Observation: Reserved for inmates who are actively suicidal or self-harming, either threatening or engaging in suicidal behavior. Staff will observe such inmates on a continuous, eye-contact basis, unless clinically contraindicated. Staff will document the inmate's behavior and general condition at 15 minute intervals. This level of observation may require infirmary placement, mental health unit placement, or specialized housing as determined by the psychiatrist or advanced practice nurse.
- Housing, including the possible need for transfer to another correctional or mental health facility
- Frequency and duration of follow-up by mental health staff
- Any necessary property restrictions

i. A qualified health care professional will communicate with the Shift Supervisor or designee to develop and implement the safety plan.

j. Qualified health care and mental health professionals will document the plan and any action taken (whether an immediate referral to a clinical provider, transport to an outside medical facility, or routine processing) in the inmate's medical record.

k. Correctional staff will document the disposition and any action taken (whether an immediate referral to a clinical provider, transport to an outside medical facility or routine processing) in the logbook.

l. Correctional staff will place the individual's name on the unit special observation list.

- All special observation lists will be copied to the Shift Supervisor, the qualified health care professional and the Superintendent at the end of the day.

m. The Shift Supervisor will:

- review and sign the booking and *INS* forms for accuracy and completeness

- consult with qualified health care and mental health professionals as needed to develop and implement the safety plan.

2. Post-Admission Identification of Inmates at Risk

a. Any staff who hears an inmate verbalizing a desire or intent to commit suicide, observes an inmate making an attempt or suicidal gesture, OR observes an inmate displaying any concerning and/or unusual behavior that justifies more frequent observation by correctional staff, will

- implement suicide precautions
- notify the Shift Supervisor.

b. The Shift Supervisor or designee may take additional precautions, including increased supervision or movement to special housing, to ensure safety while the qualified health care professional is called.

c. The Shift Supervisor or designee will consult with a qualified health care professional and confirm that the inmate's immediate safety needs have been addressed.

d. Given the strong association between inmate suicide and special management housing (e.g., restrictive housing, protective custody, disciplinary confinement, administrative segregation, etc.) a qualified mental health professional will assess for suicide risk, in writing, any inmate placed in such a special housing unit as soon as possible (but no later than the next business day) following the inmate's placement into the unit. The assessment should determine whether existing mental illness and/or suicidal behavior contraindicate the placement. A qualified mental health professional will develop a safety plan as outlined in 1. h. above.

3. Evaluation and Treatment

a. For any inmate identified as at risk, a qualified mental health professional must complete an on-site suicide evaluation within the time frame determined by the health services triage, but no later than the next business day. The QMHP must write a suicide risk evaluation at the time of the inmate evaluation and must include, but not be limited to:

- A description of the antecedent events and precipitating factors
- Risk factors, including prior placement on suicide precautions while in DOC custody in the past
- A mental status exam
- The inmate's level of suicide risk.

b. The evaluation must also identify the elements of the individualized safety plan, to include, but not be limited to:

- Level of observation and/or restraints
- Housing, including possible need for transfer to another unit, correctional facility or mental health facility
- Treatment plan, including frequency and duration of follow-up by a mental health professional
- Any necessary property restrictions.

c. Correctional staff will place the individual's name on the unit special observation list.

Suicide Prevention #362

Page 5 of 20

Effective November 9, 2005

d. Qualified mental health professionals will provide mental health treatment to inmates with suicidal ideation or behaviors. These services may be augmented by a variety of supportive activities and supports.

e. Each Facility Superintendent and the DOC Health Services Director are responsible for ensuring that each facility has access to emergency mental health services.

- The access plans will be current, written and understood by all staff via mandatory annual training.

f. Qualified health care professionals and correctional staff will consistently document, as indicated in this directive, mental health evaluations, safety plans and suicide observation activities.

4. Housing

a. Inmates who have attempted suicide recently, or who are assessed as being at significant risk for suicidal behavior, will not be housed in segregation units or other isolated settings, consistent with security practices and departmental policy on the use of administrative and disciplinary segregation for mentally ill inmates.

b. To the extent possible, suicidal inmates will be kept in the proximity of staff, consistent with the level of observation in their safety plan.

c. All rooms and cells housing suicidal inmates will be as suicide-resistant as possible.

d. The Shift Supervisor will make periodic visits to the housing units containing inmates on suicide precautions to ensure that only *Special Observation Monitoring Sheets (Attachment 4)* are being used, and that each form is complete, accurate, and, for inmates on close observation, does not contain notations recorded at exact 15-minute time intervals.

e. A qualified mental health professional will make rounds of the special housing unit at least three (3) times per week and, at a minimum, visually observe each inmate confined in the unit. Documentation of the rounds will be made in the Segregation/Close Custody Rounds Log, with any significant findings documented in the inmate's health care record.

5. Monitoring

a. Suicidal Ideation without a Plan (Routine Observation): Inmates who acknowledge some degree of suicidal ideation, but deny any intent or plan and are deemed unlikely by qualified health care or mental health professionals to self-injure, will be on **routine observation**.

- Inmates under routine observation may remain in general population.
- Staff will give instructions to inmates under routine observation on how to access services on short notice if their suicidal ideation worsens.

b. Close Observation: Inmates who are not actively suicidal, but express suicidal ideation and/or have a recent prior history of self-destructive behavior, shall be placed on **close observation**.

- Inmates on close observation will be housed, to the extent possible, in the general population, a mental health unit or a medical unit, located in rooms or cells proximate to staff.
- Correctional staff will observe inmates on close observation at staggered intervals not to exceed every 15 minutes.
- Correctional staff will record documentation of the inmate's behavior and general condition when the observation occurs, on the *Special Observation Monitoring Sheet*.

c. Constant Observation: Inmates who are actively suicidal or self-harming, either threatening or engaging in suicidal behavior, will be placed on **constant observation**.

- Inmates on constant observation may require placement in the infirmary, mental health unit or specialized housing as determined by the psychiatrist or advanced practice nurse.
- Inmates on constant observation may require removal of certain clothing items, use of paper gowns, and/or other safety measures.
- Correctional staff will record documentation of the inmate's behavior and general condition when the observation occurs, on the *Special Observation Monitoring Sheet*.

d. A qualified mental health professional will assess the inmate daily to determine if a change in suicide precaution status is needed. Any changes in status will be based on the QMHP's assessment of the inmate's behavior.

e. The Shift Supervisor or designee, in consultation with clinical staff, may raise the observation level of an inmate, if circumstances warrant.

f. Only a qualified mental health professional may lower the level or discontinue special observation status.

g. The Shift Supervisor will review and sign each *Special Observation Monitoring Sheet* at the end of each shift.

h. An "inmate-buddy" or "watcher" may be used as a supplemental safety measure. This option may NOT be exercised in the absence of a formal safety plan and other services described in this directive.

- The designation of any inmate as a “watcher” will be preceded by 1) an assessment of that inmate's suitability for such a role by the qualified health services personnel and security staff, 2) completion of an inmate training protocol approved by the Health Services Director, and 3) agreement by the mental health treatment team that this supplemental safety measure is appropriate for the particular case.

i. Closed-circuit television monitoring may be used as a supplement to, but will never be a substitute for, the physical observation checks provided by correctional staff.

j. Toileting and bathing may or may not be visually supervised, depending on the circumstances at the time and the safety plan.

k. In order to ensure the continuity of care for suicidal inmates, all inmates discharged from suicide precautions will remain on the mental health roster and receive regularly scheduled

Suicide Prevention #362

Page 7 of 20

Effective November 9, 2005

follow-up assessment by mental health personnel until their release from incarceration. Unless their individual treatment plan directs otherwise, the reassessment schedule shall be as follows:

- daily for five (5) days,
- once (1) a week for two (2) weeks, and then
- once (1) every month until release from incarceration.

6. Restraints

a. The use of restraints will be avoided for suicidal inmates.

b. If other less restrictive methods of promoting the inmate's safety have been found inadequate, the use of restraints must follow the procedures outlined in the Department's administrative directive on the use of restraints.

7. Communication

a. There will be both verbal and written communication among staff when an inmate is assessed as suicidal. The inmate safety plan will specify key participants in the inmate's management, and their specific roles.

b. All incidents of suicidal behavior will be documented on the *Special Observation Monitoring Sheet*, which will also be utilized to document all physical checks of suicidal inmates.

c. The Shift Supervisor will ensure the daily compilation and communication of unit special observation lists. The facility special observation list will contain the inmate's name, housing location, level of observation and date the observation began.

- All special observation monitoring sheets lists will be copied to the Shift Supervisor, qualified health care professional and the Superintendent at the end of the day.

d. The Shift Supervisor will ensure that appropriate staff are properly informed of the status of each inmate placed on special observation status. The on-duty Shift Supervisor will also be responsible for briefing the incoming Shift Supervisor regarding the status of all inmates on special observation.

e. Should an inmate be returned to the facility following temporary transfer to the hospital or other facility for assessment and/or treatment of self-injurious behavior, the Shift Supervisor will inquire of the qualified health care and/or mental health professionals what further prevention measures, if any, are recommended for housing and supervising the returning inmate.

f. Authorization for suicide precautions, any changes in suicide precautions and observation of detainees placed on suicide precautions will be documented on the *Notification of Special Observation Form* and distributed to appropriate staff/personnel.

g. Multidisciplinary treatment team meetings (to include facility officials, medical, mental health, and caseworker personnel) will occur on a weekly basis to discuss the status of inmates on suicide precautions and mental health observation.

h. Behavior indicative of suicidal risk will be documented in casework and medical records, and be included in case plans and treatment plans. Documentation in the medical record must include, but need not be limited to:

- history of suicidal attempts
- verbal statements suggesting risk
- physical signs of self-injury
- actual suicidal attempts
- monitoring of suicidal inmates.

i. The Superintendent will be responsible to ensure that all staff are trained in observation, communication and intervention skills, and how to document them.

j. Shift supervisors will utilize an Incident Report Form which describes self-injurious behavior, the circumstances involved, the actions taken by correctional staff and other factors relevant to the event.

- Medical personnel will be responsible for completing an assessment of all instances of self-injurious behavior and inform the Shift Supervisors whether or not an incident of self-injury constitutes a suicide attempt, as well as the seriousness and lethality of that attempt.

k. The Health Services Director will review all incident reports involving a suicide attempt and request a review by the Vermont Department of Health Quality Oversight Team in accordance with established procedures through the DOH-DOC memorandum of understanding.

8. Suicide Attempt Intervention

a. Any correctional staff member who discovers an inmate engaging in suicidal behavior will immediately alert other staff to call for a qualified health care professional, and initiate whatever action the situation demands to prevent further injury, including CPR and first aid.

- Staff will not unnecessarily delay intervention. The Superintendent will ensure that security staff are appropriately trained in timely responding and assessing potential security threats.
- Correctional staff should never presume that an inmate is dead. Appropriate life-saving measures will be initiated and continued until relieved by a qualified health care professional.

b. Each housing unit will contain various emergency equipment, including a first aid kit, pocket mask, face shield and rescue tool (to quickly cut through fibrous material.) The Shift Supervisors will ensure that such equipment is in working order on a daily basis.

9. Completed Suicides

a. In the event of a completed suicide, the Shift Supervisor will immediately call the law enforcement of jurisdiction, the AHS Investigations Unit and the DOC chain of command, and secure the incident scene.

- The incident scene will be treated as a crime scene until determined otherwise by AHS investigators or released by the law enforcement authorities.

b. The Health Services Director will develop communication protocols by which to notify the Quality Oversight Council at the Vermont Department of Health, the medical examiner, state police and other outside authorities in the event of a completed suicide.

c. The inmate's immediate family members or emergency contacts will be notified in the event of the completed suicide.

d. The qualified health care professional and the Superintendent will ensure that all staff and inmates affected by serious or completed suicide attempts are provided with crisis intervention services. This may include the use of grief counselors, mental health personnel or other designated personnel who may be of assistance.

e. The Commissioner will be responsible for public comments and news releases pertaining to suicidal events.

TRAINING

1. All staff (including correctional, qualified health care and mental health professionals) who have regular contact with inmates will:

- participate in training and must demonstrate competency in the identification and management of suicidal inmates
- demonstrate competency in suicide prevention (defined as the successful completion of a written test after training), and
- receive standard first aid and cardiopulmonary resuscitation (CPR) training, as well as the use of various emergency equipment located in each housing unit.

2. Staff who cannot successfully complete the test must receive additional training or coaching and be re-tested.

3. New employees will receive such instruction through the Training Academy.

4. Current staff who have not already received such instruction will do so through scheduled training workshops.

5. Initial Training: Training for new staff will encompass eight (8) hours of instruction and will include, but not be limited to:

- DOC suicide prevention program and related policies
- suicide research

- why the environments of correctional facilities are conducive to suicidal behavior
- potential predisposing factors to suicide

- high-risk suicide periods
- the identification and management of suicidal inmates, including warning signs and symptoms and identifying suicidal inmates despite their denial of risk
- liability issues associated with inmate suicide, and
- general discussion of any recent suicides and/or suicide attempts in the facilities.

6. Annual Training: All staff who have regular contact with inmates will receive two (2) hours of annual suicide prevention training that includes, but is not limited to:

- a review of predisposing risk factors
- the identification and management of suicidal inmates, including warning signs and symptoms and identifying suicidal inmates despite their denial of risk
- review of any changes to the Department's suicide prevention program, and
- general discussion of any recent suicides and/or suicide attempts in the facilities.

7. Mock Drills: In an effort to ensure an efficient emergency response to suicide attempts, "mock drills" will be incorporated into both initial and refresher training for all staff.

QUALITY ASSURANCE

1. An electronic and Department-wide system of incident reporting for inmate self injury and suicidal behaviors will be maintained. The system will be capable of:

- accurate recording and tracking of all written critical incident reports; and
- producing multifaceted reports that allow analysis from multiple perspectives, including seriousness of attempts, timeliness of response, location, individuals involved and any relevant safety issues

2. The Health Services Director will review a quarterly data summary with the Commissioner and the Executive Management Team.

3. The Facilities Executive and the Health Services Director will develop procedures for review of security practices and health services to ensure compliance with this directive. This will include competency testing and inter-rater reliability review of staff who administer the *Initial Needs Survey*.

4. The Health Services Director will include review of the treatment and management of suicidal inmates during facility audits.

5. The Health Services Director and the Department of Health's Quality Monitor will institute a root cause analysis process for reviewing serious attempts and completed suicides.

INITIAL NEEDS SURVEY (INS)

Revised 11/05

Facility _____		Screening Officer (PRINT NAME) _____		DATE _____	
Inmate Name _____		DOB _____		(SIGNATURE) _____	
				TIME _____	
				Yes	No
1	Ask the transporting officer, "Do you believe the inmate may be a suicide risk?"			*	
2	"_____, is this your first arrest?"				
3	"Is there anyone who would visit you while you are held at this facility, post bail for you, or accept a collect call from you?"				
4	"Have you lost your job in the last six months?"	Y	N		
	"Has your marriage or relationship broken up in the last six months?"	Y	N		
	"Has a relative or close friend died in the last six months?"	Y	N		
5	"Do you have any serious money problems?"	Y	N		
	"Do you have any serious problems with your spouse, girl/boyfriend, or members of your family?"	Y	N		
	"Do you or anyone close to you have serious medical problems?"	Y	N		
	"Do you fear losing your job?"	Y	N		
6	"Has anyone in your family or anyone close to you ever committed suicide?"				
7	"Have you ever been admitted to a mental hospital?"	Y	N		
	"Are you taking any medication for your nerves which was prescribed to you by a doctor?"	Y	N		
	"Have you been to a mental health agency or a private counselor in the last six months?"	Y	N		
8	"Have you ever gotten a DWI or DUI?"	Y	N		
	"Have you ever received treatment or counseling for drug or alcohol problems?"	Y	N		
	"Have drugs or alcohol ever caused problems for you such as losing your job, or fights with girl/boyfriend or spouse?"	Y	N		
	"Has anyone ever been upset by or complained about your alcohol or drug use?"	Y	N		
9	"Do you have any thoughts about hurting or killing yourself?"			*	
10	"Have you ever attempted to take your own life?"			*	
11	"Do you feel there is anything to look forward to?"				*
12	"Do you have any drugs in your system that were not prescribed by a doctor?"				
13	What is the inmate's BAC? _____ Is his/her BAC above .08%?			*	
14	Is the inmate showing signs of substance abuse or chemical withdrawal (e.g., slurring of speech, unstable gait, strong odor of alcohol, dazed look)?			*	
15	Does the inmate hold a position of respect in the community, or is the charge shocking in nature (e.g., raping a child)?			*	
16	Does the inmate show signs of depression (e.g., crying, "defeated" posture, blank or zombie-like look or repeated sighing)?			*	
17	Does the inmate appear overly anxious, afraid or is raging (e.g., hand wringing, profuse sweating, panting, excessive fidgeting or pacing)?				
18	Does the inmate appear to feel unusually embarrassed or ashamed (e.g., statements like, "I'll never be able to face my boss/family again")?				
19	Is the inmate behaving in a strange manner (e.g., not making sense; hearing, seeing or smelling things that aren't there; disorientation; or extreme withdrawal)?				

TOTAL # OF CHECKS IN NON-SHADED YES/NO COLUMNS

INS SCORING & ACTION SHEET (PART 2)

Screening Officer Action

1. For item #1, ask the transporting officer the question listed.
For items #2 through 12, ask the inmate the questions listed.
For items #13 through 19, record your observations.
2. For those items containing multiple questions, circle the appropriate "Y" or "N" for each question. Then, if the inmate responded "Y" to one or more of the items, make a check in the "Yes" box to the right.
3. Add the total number of check marks in the non-shaded Yes/No columns. Enter this figure below. If the total number is 8 or more, contact the Shift Supervisor. TOTAL SCORE: _____
4. If you checked any of the non-shaded boxes which contained a *, notify the Shift Supervisor immediately. These are critical items for which immediate attention is warranted.
5. If the inmate's BAC is greater than .08%, notify the Shift Supervisor immediately.
Was the Shift Supervisor notified? ☐ Yes ☐ No

Comments: _____

Upon completion of this form, if there is no indication to contact the Shift Supervisor, please place this form in the designated space in the Booking Office.

Shift Supervisor Action

1. If you are notified by the Screening Officer, complete the following:
2. Supervision or observation instituted:
☐ None _____ Minute Checks ☐ Constant Observation
☐ Other (explain) _____
3. Others Notified:
☐ Superintendent: _____
☐ Assistant Superintendent: _____
☐ Casework Supervisor: _____
☐ Facility Nurse/Medical: _____
☐ Mental Health Professional: _____

Shift Supervisor: _____	
Print Name	Signature
Date: _____	Time: _____

#362 ATTACHMENT 2a

INTAKE MEDICAL SCREENING FORM

Inmate Name: _____

DOB: _____

Facility: _____

Date: _____

Anticipated Period of Incarceration	<input type="checkbox"/> New Admission
<input type="checkbox"/> Over 30 days Unknown <input type="checkbox"/> 30 Days or Less <input type="checkbox"/> Interrupt <input type="checkbox"/> Weekend <input type="checkbox"/>	<input type="checkbox"/> Interdepartmental/OOS Transfer

Ask each newly admitted inmate the following questions:	Yes	No
1. Are you allergic to any medication? If yes, what are they?		
2. Are you allergic to any food or additives? If yes, what are they?		
3. Are you currently taking any medication? If yes, fill out Pre-existing Medications form on reverse side.		
4. Are you currently on a diet that has been ordered by a physician for medical reasons?		
5. Do you have any current dental problems?		
6. Do you have any current or past medical problems that we should be aware of? If yes, what are they?		

For female inmates only:

7. Are you pregnant?		
----------------------	--	--

Do you have any of the following?
<input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Trouble <input type="checkbox"/> Seizures/Epilepsy <input type="checkbox"/> Hepatitis <input type="checkbox"/> TB <input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Mental Illness <input type="checkbox"/> Body Lice/Crabs <input type="checkbox"/> Venereal Disease <input type="checkbox"/> Weight Loss <input type="checkbox"/> Fever <input type="checkbox"/> Night Sweats
<input type="checkbox"/> Recent Weight Loss <input type="checkbox"/> Suicidal Thoughts <input type="checkbox"/> Any Other Disease/Condition

	Yes	No
8. Have you used alcohol in the past 24 hours? If yes, number of drinks? _____ How long ago? _____		
9. Have you used street drugs within the last 3 days? If yes, which drugs? _____ How long ago? _____		
10. Do you have any problems that occur after stopping the use of drugs or alcohol? If yes, please explain _____		

NOTE THE FOLLOWING BY OBSERVATION. NOTIFY SUPERVISOR OF ANY POSITIVE ITEMS

<input type="checkbox"/> Tearful or crying	<input type="checkbox"/> Jaundiced or yellow skin	<input type="checkbox"/> Pale	<input type="checkbox"/> Nervous	<input type="checkbox"/> Obvious Sores Bleeding
<input type="checkbox"/> Artificial limbs	<input type="checkbox"/> Limp or problem walking	<input type="checkbox"/> Slurred speech	<input type="checkbox"/> Sweating	<input type="checkbox"/> Rashes Cuts Needle marks
<input type="checkbox"/> Depressed	<input type="checkbox"/> Shaking or tremors	<input type="checkbox"/> Flushed	<input type="checkbox"/> Confusion of thought	(circle)

Comments: _____

Intake Officer's Signature: _____	Date: _____ Time: _____
Supervisor's Signature: _____	Date: _____ Time: _____

PRE-EXISTING MEDICATION

The following medication is reported by the inmate as having been prescribed for his/her use:

Description	Dosage	Last Dose Taken	Last Filled

Name of Dispensing Pharmacy: _____

Pharmacy Location: _____

Have inmate read and sign if on prescription medication.

I understand that while I am incarcerated it is the sole responsibility of the Vermont Department of Corrections qualified health care professionals to prescribe and dispense medication. This may result in a discontinuation or change in my current prescriptions.

Inmate's Signature: _____

Date of Admission: _____

Witness: _____

Officer's Signature: _____

Date: _____ Time: _____

This section to be completed by medical personnel

The above-described medication(s) were verified /not verified on _____
by _____ Date _____ Print _____
Name

Medical Staff Signature: _____ Date: _____

#362 ATTACHMENT 3

NOTIFICATION OF SPECIAL OBSERVATION

Facility: _____

Inmate Name: _____

DOB: _____ Date: _____ Time: _____

Person initiating observation: _____

Type of observation: ☐ Suicide Watch ☐ Mental Health ☐ Physical

Reason for Observation	

Level of Watch	
	CONSTANT: continuous, uninterrupted observation; documentation at 15 minute intervals.
	CLOSE: physical checks at staggered intervals not to exceed every 15 minutes; documentation as observation occurs.

Location of Observation	

_____ Signature	_____ Date	_____ Title
--------------------	---------------	----------------

Distribution: Superintendent
Shift Supervisor
Mental Health
Medical Chart

#362 ATTACHMENT 5

HEALTH SERVICES TRANSFER FORM

Circle one: Intra-system Transfer / Out-of-State Transfer

Date: ____/____/____

Transferring Facility: _____

Time: _____

Medical Classification Level: M1 M2 M3 M4 PPD Status/Date Read: _____

Inmate Name: _____

Date of Birth: ____/____/____ Sex: Male / Female Allergies: _____

Acute Medical Problems: _____

Chronic Conditions: _____

Other Medical History: _____

Mental Health History: _____

Mental Special Concerns: _____

Current Medications (name, dose, frequency, duration, supply) _____

Other Treatments: _____

Follow-up Care: _____

Pending Consults / Appointments: _____

Disabilities / Limitations: _____

Assistive Devices / Prosthetics: _____ Glasses: _____ Contact Lenses: _____

Date of Last Physical Assessment: ____/____/____

Date of Last Mental Health Assessment: ____/____/____ Mental Health Roster? Yes No

Cleared by Medical for intra-system transfer: _____

Signature

Date

Cleared by Mental Health for intra-system transfer: _____

Signature

Date

DOC Medical Director approval for out-of-state transfer _____

Signature

Date

Revised 11/05

